PTO/SB/31 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Docket Number (Optional) NOTICE OF APPEAL FROM THE EXAMINER TO 032867.0031 THE BOARD OF PATENT APPEALS AND INTERFERENCES In re Application of I hereby certify that this correspondence is being deposited with the United States Postal Service with **EDWIN YOUNG CALL** sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box Application Number Filed 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] August 29, 2002 10/089,315 on January 26, 2005 For SYSTEM FOR PROTECTION OF SUBMERGED MARINE Signature. SURFACES Typed or printed Art Unit Examiner name Susan J. Revell Katherine A. Bareford 1762 Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced \$ 250.00 by half, and the resulting fee is: A check in the amount of the fee is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet. ☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. Robert G. Weilacher Typed or printed name See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

attorney or agent acting under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34.

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

404-815-3593

Telephone number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

attorney or agent of record.

Registration number 20,531.

\$250.00

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Sees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
		Application Number	10/089,315		
FEE TRANSMITTAL for FY 2005		Filing Date	August 29, 2002 EDWIN YOUNG CALL		
		First Named Inventor			
Applicant claims small entity s	tatus. See 37 CFR 1.27	Examiner Name	Katherine A. Bareford		
	(\$) 250.00	Art Unit	1762		
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	032867.0031		
METHOD OF PAYMENT (check	(all that apply)				
M Chack M Credit Card MA	Appey Order None	Other (please identify	iv) ·		
☐ Check ☐ Credit Card ☐ N ☐ Deposit Account Deposit Account	• — —	-			
☐ Deposit Account Deposit Acco	ount Number: 02-4300	Deposit Acco	ount Name: Smith, Gambrell & Russell, LLP		
☐ Deposit Account Deposit Account For the above-identified de	ount Number: 02-4300 eposit account, the Director is	Deposit Acco	ount Name: Smith, Gambrell & Russell, LLP (check all that apply)		
Deposit Account Deposit Account For the above-identified de Charge fee(s) indice Charge any addition Under 37 CFR 1.16	eposit account, the Director is ated below nal fee(s) or underpayments of and 1.17 ay become public. Credit card in	Deposit According to the property authorized to: Chain of fee(s) Cred	ount Name: Smith, Gambrell & Russell, LLP		

r	ECALCULATION								<u></u>
1.	BASIC FILING, SEA	•							
		FILING F			SEAR	CH FEES		ATION FEES	
		_	mall Enti			Small Entity	•	Small Entity	
	Application Type	<u>Fee (\$)</u>	<u>Fee(\$)</u>		<u>Fee(\$</u>		<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fees Paid (\$)
	Utility	300	150		500	250	200	100	
	Design	200	100		100	50	130	65	
	Plant	200	100		300	150	160	. 80	
	Reissue	300	150		500	250	600	300	
	Provisional	200	100		0	0	0	0	
2.	EXCESS CLAIM FE	ES							Small Entity
	Fee Description							Fee (\$)	Fee (\$)
	Each claim over 20 (inc	luding Reiss	ues)					50	25
	Each independent claim	over 3 (incl	uding Reis	sues)				200	100
	Multiple dependent clai							360	180
	Total Claims	Extra Cla	<u>aims</u>	<u>Fee(\$)</u>		Fee Paid (\$)		<u>Multiple</u>	Dependent Claims
	20 or HP=		X		=			<u>Fee (\$)</u>	Fee Paid (\$)
	HP = highest number of to	otal claims paid	d for, if great	er than 20.					*******
	Indep. Claims	Extra Cla	<u>aims</u>	<u>Fee(\$)</u>		Fee Paid (\$)			
	3 or HP=		X		=				
	HP = highest number of i	ndependent cla	aims paid for	, if greater tha	an 3.				
	APPLICATION SIZE	•							
I	f the specification and dr								1.50
						e is \$250 (\$125 for sm	all entity) for	each additiona	1 50
	sheets or fraction Total Sheets					37 CFR 1.16(s). additional 50 or fra	ction there	of Egg (\$)	Fee Paid (\$)
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_			7 50 -		(lourio	i up to a whole humic	Jei) X		
4.	OTHER FEE(S)								Fees Paid (\$)
	Non-English Spe	cification, \$1	30 fee (no	small entit	y disco	ount)			

SUBMITTED BY	1/21			
Signature	Mulu	Registration No. (Attorney/Agent) 20,531	Telephone	404-815-3593
Name (Print/Type)	Robert G. Weilacher		Date	Jan. 26, 2005

Other (e.g., late filing surcharge): Notice of Appeal

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL		Application Number 10/089,315					
		Filing Date		August 29, 2002			
FORM	First Named Invent	or	EDWIN YO	DUNG CALL			
	Art Unit		1762				
(to be used for all correspondence after	Examiner Name		Katherine /	A. Bareford			
Total Number of Pages in This Submiss	Attorney Docket Nu	umber	032867.0031				
	ENCLO	SURES (check all tha	t apply)				
Fee Transmittal Form	☐ Drawing(s)		☐ After Allowance Communication to TC				
_		-related Papers		 □ Appeal Communication to Board of Appeals and Interferences □ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) 			
							After Final
Affidavits/declaration(s)	_	Attorney, Revocation of Correspondence Add	ress	Status L	etter		
Extension of Time Request			Disclaimer .		Other Enclosure(s) (please identify below):		
Express Abandonment Request CD, Number		for Refund		Return Rece	eipt Postcard		
		ber of CD(s)					
		ndscape Table on CD	· .				
Certified Copy of Priority Document(s)	Remarks						
Reply to Missing Parts/							
Incomplete Application			•				
Reply to Missing Parts under 37 CFR1.52 or 1.53							
SIG	NATURE OF	APPLICANT, ATTO	RNEY, O	RAGENT			
Firm	Smith, Gambre	il & Russell, LLP					
Signature	Valu						
Printed Name	acher						
Date	January 26, 20	05	Reg. No.	20,531			
	CERTIFICA	TE OF TRANSMISS	ION/MAI	LING			
I hereby certify that this corresponder Service with sufficient postage as fit Alexandria, VA 22313-1450 on the dat	rst class mail	in an envelope addres	e USPTO ssed to: C	or deposited commissioner	with the United States Posta for Patents, P.O. Box 1450		
Signature		(/210					
Typed or printed name Susan I	Revell			Date	Jan. 26. 2005		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.